

Patient Name : Dr.CP SINGH Visit No : CHA250045932
Age/Gender : 62 Y/M Registration ON : 15/Mar/2025 02:48PM
Lab No : 10143227 Sample Collected ON : 15/Mar/2025 02:48PM
Referred By : Dr.SGPGI Sample Received ON :
Refer Lab/Hosp : CHARAK NA Report Generated ON : 15/Mar/2025 04:30PM

MRI: LUMBO-SACRAL SPINE

IMAGING SEQUENCES (NCMR)

AXIAL: T1 & TSE T2 Wis. **SAGITTAL:** T1 & TSE T2 Wis **CORONAL:** T2

Lumbar spine is straightened with loss of usual spinal curvature. There is evidence of degenerative changes affecting lumbar spine. L4-5 & L5-S1 intervertebral discs are desiccated. Vertebrae are also showing degenerative changes in form of anterior osteophytosis and signal changes adjacent to end plates.

Diffuse disc herniation (protrusion) is seen at L4-5 level producing moderate to severe compromise of bilateral lateral recesses with moderate extradural compression over thecal sac.

Posterior and right paracentral disc herniation (protrusion) is seen at L5-S1 level producing moderate compromise of right lateral recess with impingement of right S1 traversing nerve root and extradural compression over thecal sac.

AP thecal sac diameter at disc level measures:

L1-2	L2-3	L3-4	L4-5	L5-S1
13mm	11.8mm	11mm	6.6mm	9mm

Rest of the vertebrae and intervertebral disc are showing normal height, morphology, outline, alignment and signal intensity. No significant disc bulge/herniation or compression over thecal sac/nerve roots at any other level.

Lower dorsal spinal cord and conus medullaris are showing normal morphology, outline and signal intensity. Cord CSF interface and cauda equina nerve roots are normally visualised. No evidence of primary canal stenosis.

Facet joints and ligamentum flavum are normal.

Pre and para vertebral soft tissues are normal.

Bilateral sacroiliac joints are normally visualized.

Screening of rest of the spine was done which reveals degenerative changes with disc osteophyte complexes C4-5, C5-6 & C6-7 levels.
Small disc bulge at D8-9 level.



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Incidental note : Small to moderate sized irregular areas of necrosis are seen in antero-superior part of bilateral femoral heads, which are demarcated by T1 hypointense margins. Necrotic portion of femoral heads are displaying mildly hyperintense signal on T1 & T2 W images (Mitchell stage-B). No collapse of femoral articular surfaces is noted. Joint spaces are maintained. Small marginal osteophytes are seen in bilateral acetabulum and femoral head – suggestive of avascular necrosis bilateral femoral heads.

IMPRESSION

- **Degenerative changes in lumbar spine with disc herniation at L4-5 & L5-S1 levels.**

Please correlate clinically.

(Transcribed by Rachna)

**DR. RAVENDRA SINGH
MD**

*** End Of Report ***

CHARAK

